MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012743

•	DEPARTMENT OF PUBLIC HEALTH AND WELFARE Registra in patric N ADD AND Primary Registra							istration Dis	santas Nice	Registrar's	No 20		STATE FILE NU	JMBER		
DO NOT WRITE ON THIS STUB		AME	NDED	1	_	"FILED	APR 1 19	Co	egisiration Di	NLICE 180		NO				
					1.	PLACE OF DEATH	F				II .	DENCE (Where d		f institution:		
VS 300		:	1			. COUNTY Plat	te			a. STATE Missouri b. COUNTY Platte admission)						
Rev. 4/59	AMENDED		- 1			b. CITY (If outside co		TOWNSHIP o	nly) Le	ength of stay in 1	c. CITY OR				Inside	Limits
	Įÿ Ž		- 1				verside		17	17 Vrc	TOWN I	iverside			Yes 🔣	No □
10830	Ā					c. FULL NAME OF (IF	NOT in hospital, g	ive (location)		Inside Limits	d. STREET		If outside, give	location)	Reside	on Farm
2 4 2 4	_ _ _ _		- 1			HOSPITAL OR INSTITUTION P	t. 24 B	ox 848		Yes ≥ No □	ADDRESS	Rt. 24	Box 848		Yes []	No <u>w</u> €
20830	40		\perp	-	=		•	<u> </u>	45.1							
3					3	. NAME OF DECEASED (Type or print)			Mid	dle	Lost	4. DATE OF	Month	Day		Year
4 0			- 1				Arthur_		Lymai	-	avis	DEATH	March	20	1963	
4 0			- 1		5.	SEX	6. COLOR OR R		Married 🔼 Vidowed 🗆	Never Married [Divorced [TH 9. AGE (la	st birthday) IF L	UNDER 1 YEAR	Hours	DER 24 HR Min.
5 /			-			Male	White	i				77 66				
	,		- 1		10.	s. USUAL OCCUPATION during most of workin	•		KIND OF BUS	INESS OR INDUST	RY 11. BIRTHPLAC	E (City and state	or country) 12.	CITIZEN OF	WHAT CO	JUNTRY
						Plastere	o.r			engerd.	Kansa	5 (174,1	10.	<u>u.s.</u>		
7 2	4				13	. FATHER'S NAME	_ ^ (2	13b. MOTH	HER'S ON A DEN NA	物ヒュ	0 / 1/14	NAME OF HUSB	AND OR WIFE		-
	2					atayeTTe	Davi	Ś	<u>ට</u> බ	rah /	1 Quai	d	Louise	Dau	کّ	
* O					15	. WAS DECEASED EVER es, no, or_unknown) (if			LIA COCI	AL SECUBITY NO	17. INFORMANT	no	Addre		0 1	
9331X	١					(162 I	(u), (u) , (1)	-			Louise)a013	7	ivers		
10		11		눌	- 1	18. CAUSE OF DEATH	Enter only one ca DEATH WAS CAU	use per line ⊢. SED BY:	 (-), (-),		_	v -	•	IN	ITERVAL B	DEATH
	يا ڊ	.		N.			IMMEDIATE CA		I. V.	+ .						
וו 5ַ	או כ			OCUMEN					11	1	(1	•			
126	2 3					Conditio	ns, if any, ງ DL	JE TO (b) C	Mus	clerote	- Herre	tene	or			
1290-0	ᇲ					above (ave rise to cause (a),	-			///					
13/-0	= =	+-+		-		stating 1	the under-	JE TO (c)			U				<u> </u>	
	5				χ		OTHER SIGNIFIC			RIBUTING TO DE	ATH but not related	to the terminal				male was
ب ا	,				CATION	•	disease condition	given in PAR	(1 i (a)					here a pregna		
						· · · · · · · · · · · · · · · · · · ·								Yes		Unknown
ON SAFENDARENT	[CERTIF	19. WAS AUTOPSY PERFORMED?	20a. ACCIDENT	SUICIDE H	OMICIDE	206. DESCRIBE H	OW INJURY OCCUR	KED. (Enfer nature	ot injury in PAR	I I or PARI II	ot item i	18.)
		1				YES NO									_	
Z	5				EDICA	20c. TIME OF Hour INJURY	Month, Day, Y	ear				•				
RIBBON	`				WE	pim.	- 1		THE PARTY OF T		Tool CITY TOUR	OR LOCATION		OUNTY		FT.4 FF
					1	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V			street, office	n or about home, bldg., etc.)	20f. CITY, TOWN,	OR LOCATION	C	TINUC		STATE
*	ما					NOT WHILE AT V	VORK 🗆 .			· · · · · · · · · · · · · · · · · · ·	<u> </u>			//		
BLACK OR RITER R	REA			1 1		21. I attended the dec	ceased from	1/20	143	<u>, 10 3</u>	120/63	bend last saw then	- 31	12016.	3	
•	D R					. Death occurred at	2:304	7'M.	3/38/	<u>63'</u> m on	the date stated abov	re, and to the bes	t of my knowledg	je, from the c	auses state	ed.
USE PEX	SHOULD			L.		224-SIGNATURE	1 1	(Degree or	title)		22bADDRESS	· -			22c. DA	TE SIGNED
ું કે ∣	똤			Ī	4	1. 61	111-	a			Brand G	7151	Kil	080	3/	20/
-	╙			AFFIDAVIT	23	S. SURIAL, CREMATION,	23b. DAJE		23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCATIO	N (City, town, or	county)//	(State	
	Š			ΙĜ	0	REMOVAL (Specify)	9/20/	(3	Flmin	mad C	rematory	/ Kansa	15 (14)	, . M/18	SSOUP	• [
	N X			AF	77	FUNERAL DIRECTOR	191ddi	ADDRESS	(III U)	25. D	ATE RECD. BY LOCA	L REG. 26. RE	GISTRAR'S SIGNA	7 1 6		
	10			≽		rp & Sons M	ortuery 3	Kangag	City	031	2 9 2 14	62 CB	Shire R	200	113.	
1	-1-	1	l	1-		- LP G DORG II	FRATT		<u> </u>		MAC !!	x 1 -2/			 +	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

. I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	·
StudentSignature of Student Embalmer	_ Signed Welliam H. Cary
	Licensed Embalmer No. 472
****	P. O. Address N. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.